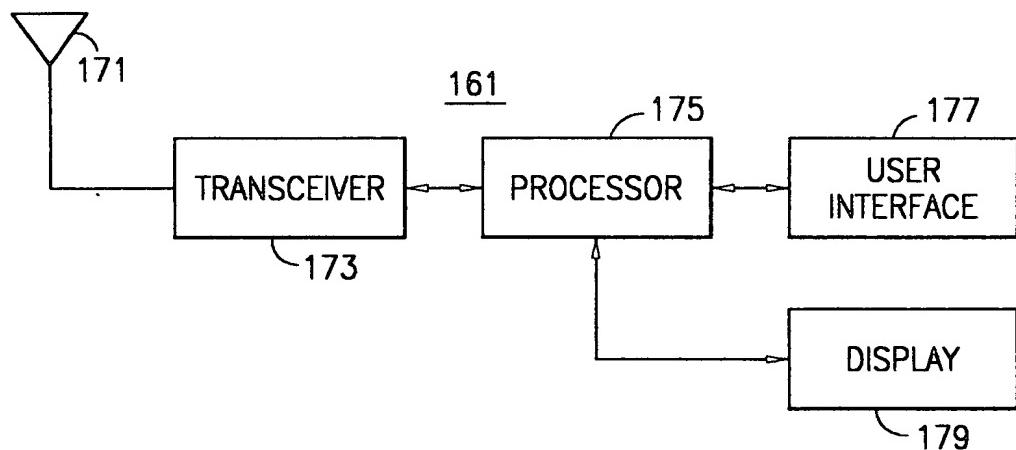
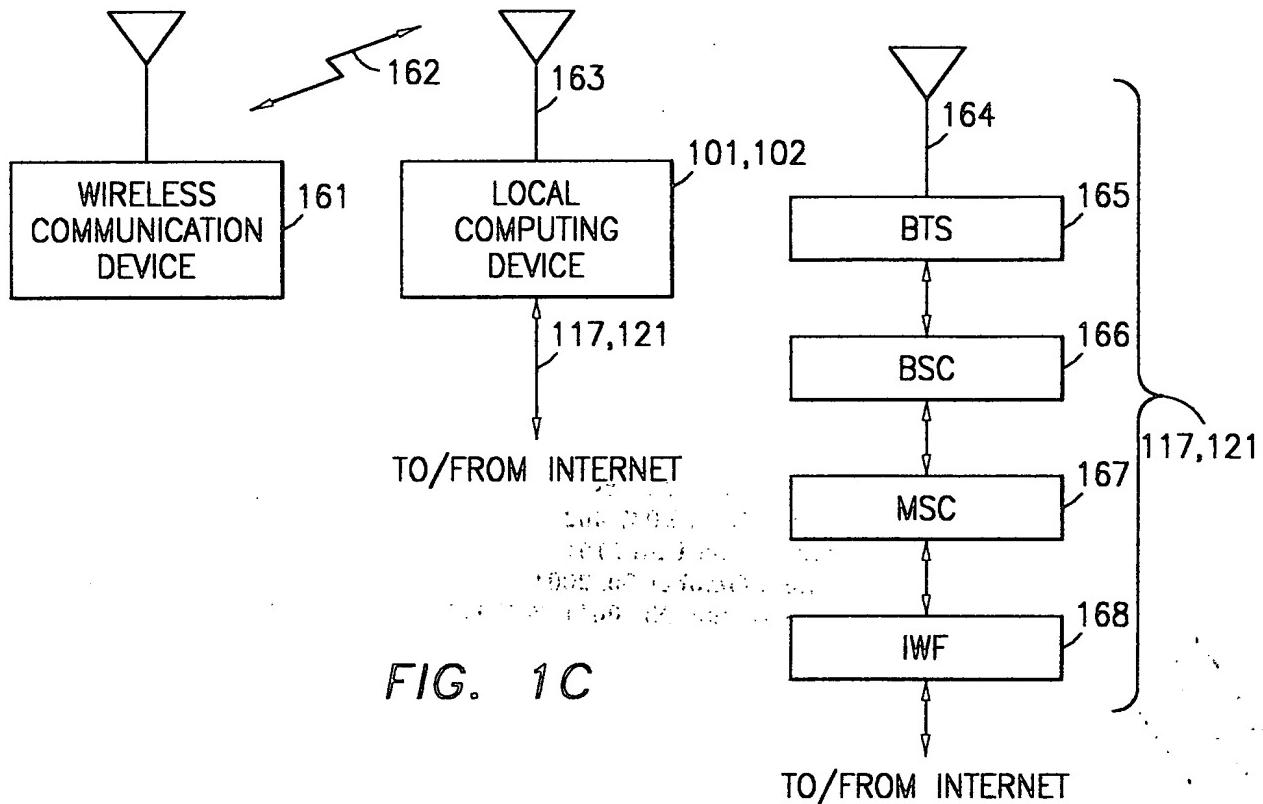


FIG. 1B

**FIG. 1D**

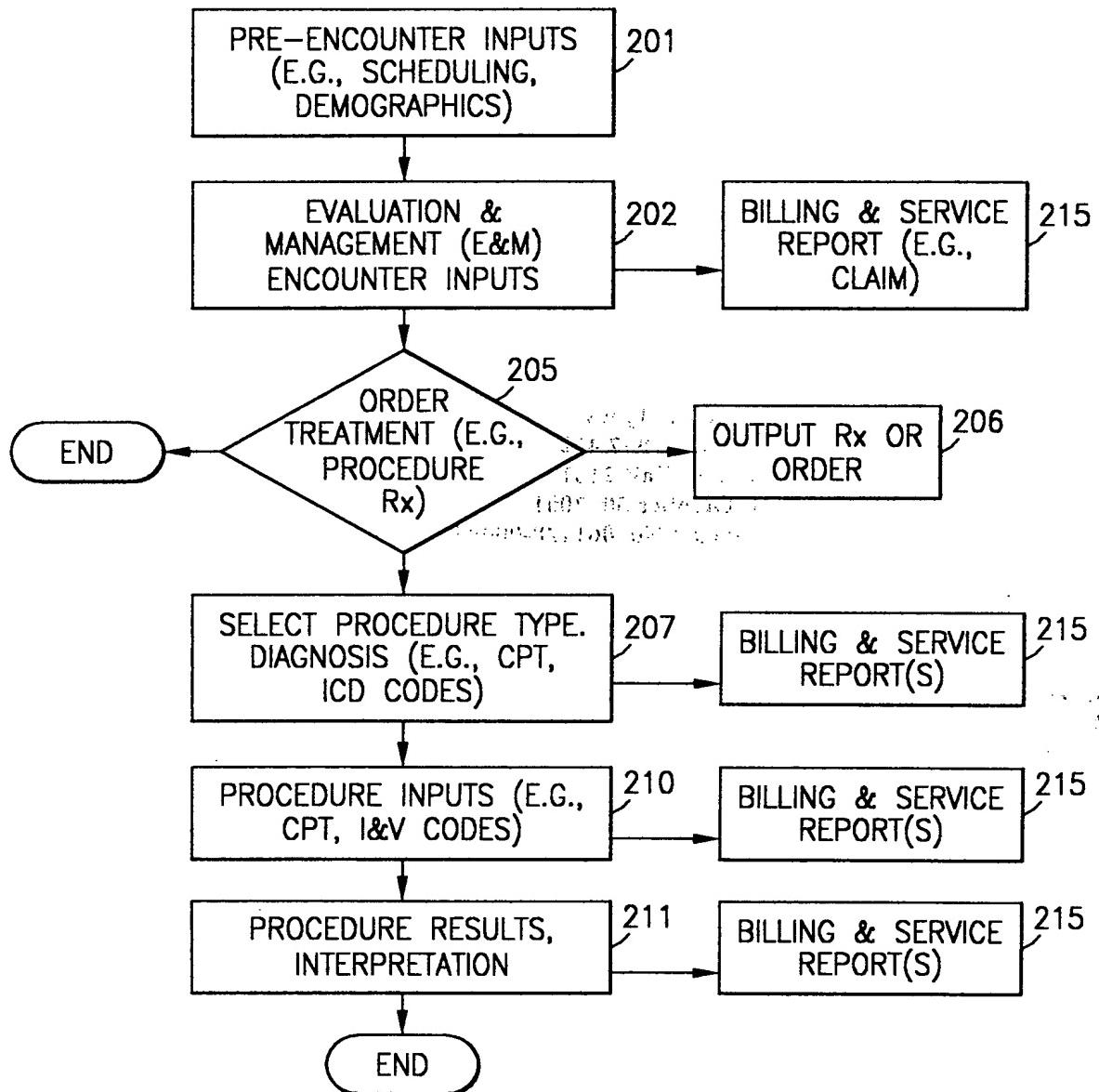
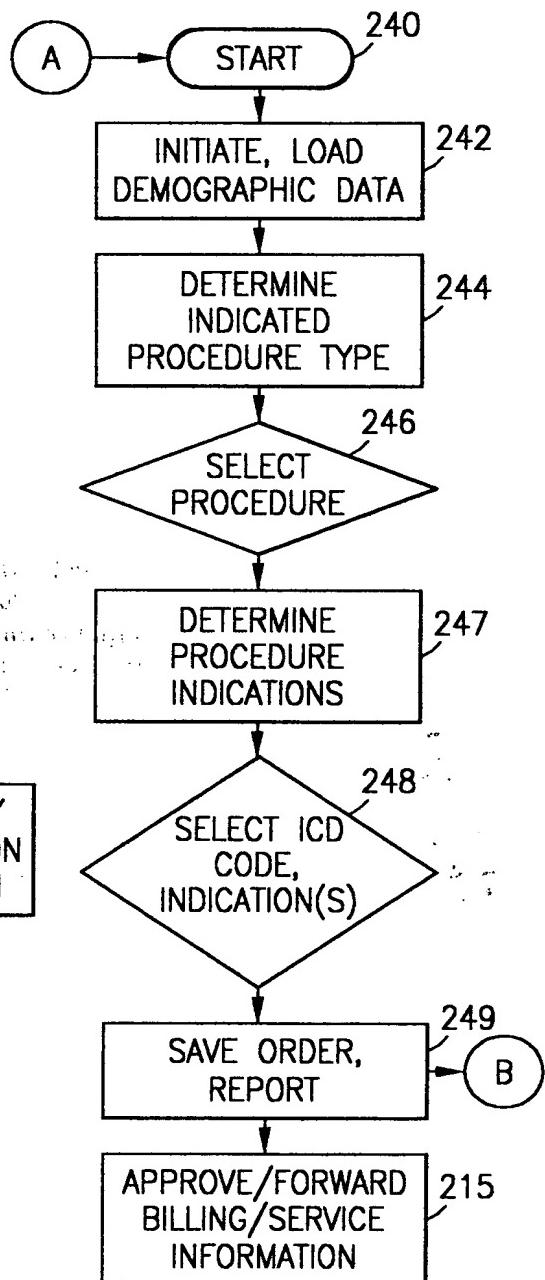
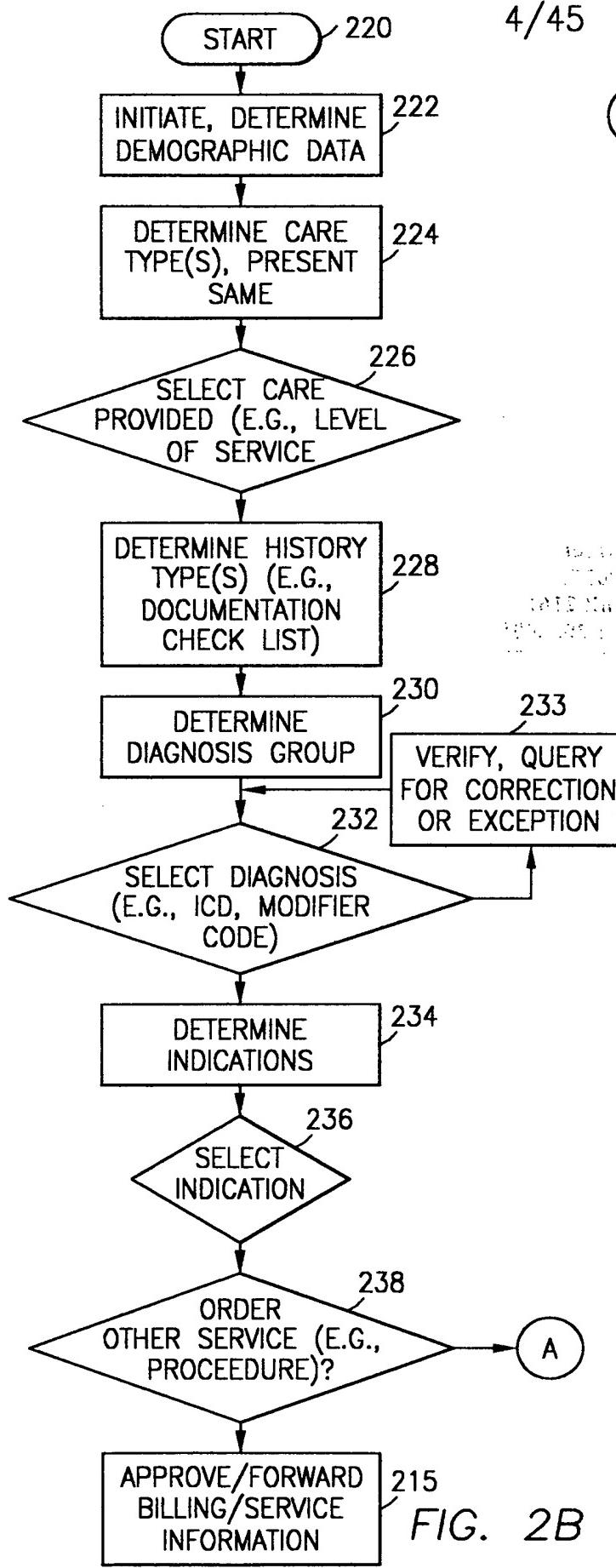


FIG. 2A



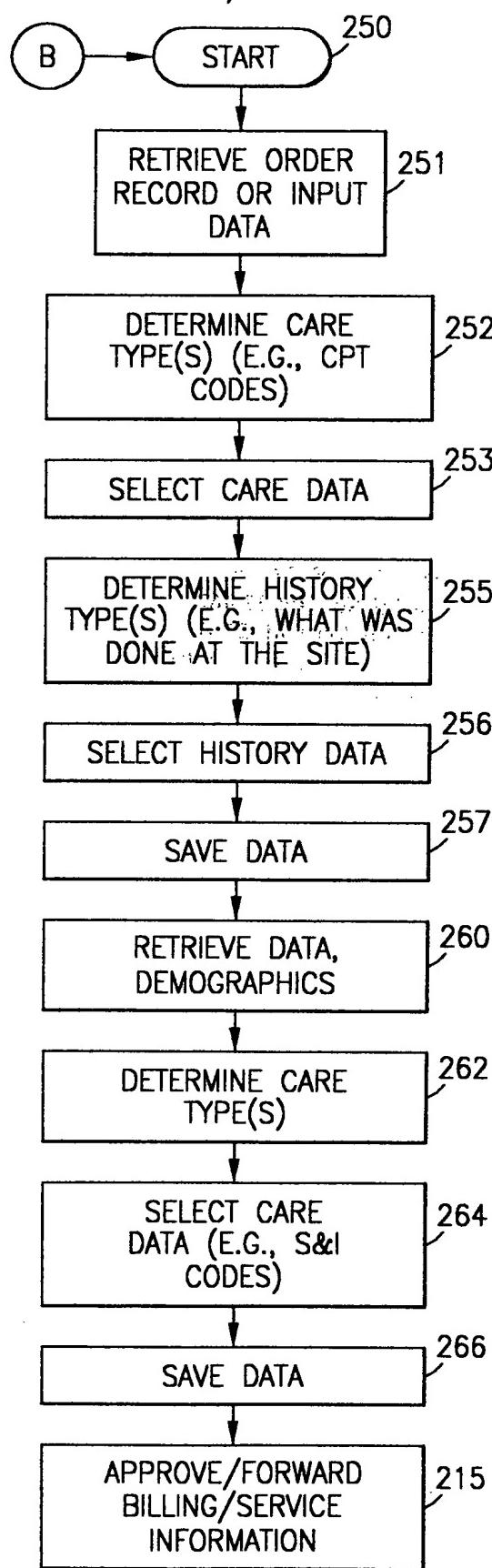


FIG. 2D

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout									
Current values:									
User									
Patient									
Encounter									
Procedure									
Members >> Main Menu									
Select one of the following:									
?									
<ul style="list-style-type: none">➡ Patient Menu➡ Evaluation & Management (E/M) Menu 302➡ Procedure Menu — 303➡ Provider Menu➡ Carrier Menu➡ Claims Menu➡ Reports Menu➡ User Account Menu									

FIG. 3A

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
Login/Logout	Members >> E&M >> Menu
Current values:	Select one of the following:
User	
Patient	
Encounter	
Procedure	
	<hr/> <ul style="list-style-type: none">⇒ Create New Encounter 306⇒ Find Existing Encounter(s)⇒ Back to Main Menu <hr/>
	<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/>

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FIG. 3B

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help

Login/Logout

Members >> E&M >> Find

Choose search type from the list, then select or type ?

Current values:

User
Patient
Encounter
Procedure

● Show all currently scheduled encounters

● Location of encounter: GEM Cardiac & Vascular

● Patient name: Edison, Thomas Alva

● Attending Physician name: Myers, Gene E, M.D.

● Referring physician name: -search value-

● Date of Encounter (MM/DD/YYYY): From: To:

Cancel << Prev Next >>

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FIG. 3C

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help																																																																																
Login/Logout																																																																																									
Current values:																																																																																									
<table border="1"> <tr><td>User</td></tr> <tr><td>Patient</td></tr> <tr><td>Encounter</td></tr> <tr><td>Procedure</td></tr> </table>										User	Patient	Encounter	Procedure																																																																												
User																																																																																									
Patient																																																																																									
Encounter																																																																																									
Procedure																																																																																									
Members >> E&M >> Demographics Select an encounter to view/edit details 																																																																																									
<table border="1"> <thead> <tr> <th>Patient</th> <th>Date</th> <th>Physician</th> <th>Referred by</th> <th>Location</th> </tr> </thead> <tbody> <tr><td>Balboa, Rocky</td><td>Jan 17 2001 10:02PM</td><td>Angelastro</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Bonaparte, Napoleon</td><td>Apr 27 2001 8:33PM</td><td>Myers</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Differ, Trent</td><td>Jan 18 2001 11:50PM</td><td>Ackerman</td><td>Myers</td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Differ, Trent</td><td>May 16 2001 5:01PM</td><td>Myers</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Differ, Trent</td><td>May 18 2001 12:11PM</td><td>Anderson</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Dunn, Warrick S.</td><td>Jun 7 2001 3:00PM</td><td>Myers</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Dunn, Warrick S.</td><td>Jun 25 2001 3:48PM</td><td>Andri</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Dunn, Warrick S.</td><td>Jun 25 2001 3:48PM</td><td>Andri</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Dunn, Warrick S.</td><td>Jun 25 2001 3:48PM</td><td>Andri</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Edison, Thomas Alva</td><td>Apr 18 2001 2:50PM</td><td>Andri</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Edison, Thomas Alva</td><td>Jun 27 2001 3:48PM</td><td>Adams</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Lewis, Ray</td><td>Apr 18 2001 4:17PM</td><td>Badil</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Monster, Elmo R</td><td>Jan 24 2001 2:47PM</td><td>Adams</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>O'Brien, Conan X</td><td>Apr 18 2001 4:17PM</td><td>Andri</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Oppenheimer, Robert</td><td>May 21 2001 7:13PM</td><td>Myers</td><td></td><td>GEM Cardiac & Vascular</td></tr> </tbody> </table>										Patient	Date	Physician	Referred by	Location	Balboa, Rocky	Jan 17 2001 10:02PM	Angelastro		GEM Cardiac & Vascular	Bonaparte, Napoleon	Apr 27 2001 8:33PM	Myers		GEM Cardiac & Vascular	Differ, Trent	Jan 18 2001 11:50PM	Ackerman	Myers	GEM Cardiac & Vascular	Differ, Trent	May 16 2001 5:01PM	Myers		GEM Cardiac & Vascular	Differ, Trent	May 18 2001 12:11PM	Anderson		GEM Cardiac & Vascular	Dunn, Warrick S.	Jun 7 2001 3:00PM	Myers		GEM Cardiac & Vascular	Dunn, Warrick S.	Jun 25 2001 3:48PM	Andri		GEM Cardiac & Vascular	Dunn, Warrick S.	Jun 25 2001 3:48PM	Andri		GEM Cardiac & Vascular	Dunn, Warrick S.	Jun 25 2001 3:48PM	Andri		GEM Cardiac & Vascular	Edison, Thomas Alva	Apr 18 2001 2:50PM	Andri		GEM Cardiac & Vascular	Edison, Thomas Alva	Jun 27 2001 3:48PM	Adams		GEM Cardiac & Vascular	Lewis, Ray	Apr 18 2001 4:17PM	Badil		GEM Cardiac & Vascular	Monster, Elmo R	Jan 24 2001 2:47PM	Adams		GEM Cardiac & Vascular	O'Brien, Conan X	Apr 18 2001 4:17PM	Andri		GEM Cardiac & Vascular	Oppenheimer, Robert	May 21 2001 7:13PM	Myers		GEM Cardiac & Vascular
Patient	Date	Physician	Referred by	Location																																																																																					
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Oppenheimer, Robert	May 21 2001 7:13PM	Myers		GEM Cardiac & Vascular																																																																																					
<input type="button" value="Cancel"/>					<input type="button" value="<< Prev"/>																																																																																				

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FIG. 3D

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help

Login/Logout

Current values:

User
Patient
Encounter
Procedure

Members >> E&M >> Demographics

Items marked in red are required ?

Select EM Code(s) Documentation Reset Form

Dilfer, Trent

Date and Time of Service:

Month Day Year Time
(dd) (yyyy) (hh:mm)
Jan 18 2001 11:59 AM
 PM

Chief complaint / Reason:
hangnail

Location of Service:
GEM Cardiac & Vascular

Rendering physician name:
Ackerman, Howard R. M.D.

Referring physician name:
Myers, Gene E. M.D.

Cancel << Prev Next >>

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FIG. 3E

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout		Members >> E&M >> Office E/M							
Current values:									
<input type="button" value="User"/>		Select the type and level of E/M service							
<input type="button" value="Patient"/>		<input type="button" value="Encounter Data"/>			<input type="button" value="Documentation"/>			<input type="button" value="Reset Form"/>	
		Least Complex				Most Complex			
New Evaluation									
NE	1	2	3	316	4	5	<input type="button" value="?"/>		
Return Office Visit									
ROV	1	2	3		4	5	<input type="button" value="?"/>		
Prolonged Office Visit									
If prolonged services are being provided, select the total duration FIRST, then select the type and level of the original E&M service.									
POV	Total time in minutes:			<input type="text" value="0-30"/>	<input type="button" value="▼"/>		<input type="button" value="?"/>		
Office Consult									
OC	1	2	3		4	5	<input type="button" value="?"/>		
Confirmatory (2nd Opinion) Consult									
<input type="checkbox"/> Check here if consult required by third-party payor									
CC	1	2	3		4	5	<input type="button" value="?"/>		

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FIG. 3F

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout									
Current values:									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>									

Members >> E&M >> E/M Checklist

The E/M level you have chosen requires documentation which meets or exceeds the criteria specified below

319

Subjective		Documentation of history						
CC – Chief Complaint: hangnail HPI – History of Present Illness <table border="1"> <thead> <tr> <th># of Elements Required</th> <th>Element</th> <th>Presenting Problem Type</th> </tr> </thead> <tbody> <tr> <td>4–8 elements</td> <td> <input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Severity <input checked="" type="checkbox"/> Duration <input checked="" type="checkbox"/> Timing <input checked="" type="checkbox"/> Content <input checked="" type="checkbox"/> Modifying Factors <input type="checkbox"/> Associated signs and symptoms </td> <td> <input type="radio"/> Chronic w/ mild exacerbation, progression, or side effects of Rx OR <input type="radio"/> 2 or more stable chronic illness <input type="radio"/> Undiagnosed problem w/ uncertain prognosis <input type="radio"/> Acute w/ Systemic Sx <input type="radio"/> Acute complicated injury </td> </tr> </tbody> </table>			# of Elements Required	Element	Presenting Problem Type	4–8 elements	<input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Severity <input checked="" type="checkbox"/> Duration <input checked="" type="checkbox"/> Timing <input checked="" type="checkbox"/> Content <input checked="" type="checkbox"/> Modifying Factors <input type="checkbox"/> Associated signs and symptoms	<input type="radio"/> Chronic w/ mild exacerbation, progression, or side effects of Rx OR <input type="radio"/> 2 or more stable chronic illness <input type="radio"/> Undiagnosed problem w/ uncertain prognosis <input type="radio"/> Acute w/ Systemic Sx <input type="radio"/> Acute complicated injury
# of Elements Required	Element	Presenting Problem Type						
4–8 elements	<input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Severity <input checked="" type="checkbox"/> Duration <input checked="" type="checkbox"/> Timing <input checked="" type="checkbox"/> Content <input checked="" type="checkbox"/> Modifying Factors <input type="checkbox"/> Associated signs and symptoms	<input type="radio"/> Chronic w/ mild exacerbation, progression, or side effects of Rx OR <input type="radio"/> 2 or more stable chronic illness <input type="radio"/> Undiagnosed problem w/ uncertain prognosis <input type="radio"/> Acute w/ Systemic Sx <input type="radio"/> Acute complicated injury						
ROS – Review of Systems <table border="1"> <thead> <tr> <th># of Systems Required</th> <th>System</th> </tr> </thead> <tbody> <tr> <td>2–9 systems</td> <td> <input checked="" type="checkbox"/> Constitutional <input checked="" type="checkbox"/> Eyes <input checked="" type="checkbox"/> Ears, Nose, Mouth, Throat <input checked="" type="checkbox"/> Cardiovascular <input checked="" type="checkbox"/> Respiratory <input checked="" type="checkbox"/> Gastrointestinal <input checked="" type="checkbox"/> Genito-urinary <input checked="" type="checkbox"/> Integumentary <input checked="" type="checkbox"/> Musculoskeletal <input checked="" type="checkbox"/> Neurological <input checked="" type="checkbox"/> Hematologic/Lymphatic <input checked="" type="checkbox"/> Endocrine <input checked="" type="checkbox"/> Allergic/Immunologic <input checked="" type="checkbox"/> Psychiatric <input checked="" type="checkbox"/> All Others Negative </td> </tr> </tbody> </table>			# of Systems Required	System	2–9 systems	<input checked="" type="checkbox"/> Constitutional <input checked="" type="checkbox"/> Eyes <input checked="" type="checkbox"/> Ears, Nose, Mouth, Throat <input checked="" type="checkbox"/> Cardiovascular <input checked="" type="checkbox"/> Respiratory <input checked="" type="checkbox"/> Gastrointestinal <input checked="" type="checkbox"/> Genito-urinary <input checked="" type="checkbox"/> Integumentary <input checked="" type="checkbox"/> Musculoskeletal <input checked="" type="checkbox"/> Neurological <input checked="" type="checkbox"/> Hematologic/Lymphatic <input checked="" type="checkbox"/> Endocrine <input checked="" type="checkbox"/> Allergic/Immunologic <input checked="" type="checkbox"/> Psychiatric <input checked="" type="checkbox"/> All Others Negative		
# of Systems Required	System							
2–9 systems	<input checked="" type="checkbox"/> Constitutional <input checked="" type="checkbox"/> Eyes <input checked="" type="checkbox"/> Ears, Nose, Mouth, Throat <input checked="" type="checkbox"/> Cardiovascular <input checked="" type="checkbox"/> Respiratory <input checked="" type="checkbox"/> Gastrointestinal <input checked="" type="checkbox"/> Genito-urinary <input checked="" type="checkbox"/> Integumentary <input checked="" type="checkbox"/> Musculoskeletal <input checked="" type="checkbox"/> Neurological <input checked="" type="checkbox"/> Hematologic/Lymphatic <input checked="" type="checkbox"/> Endocrine <input checked="" type="checkbox"/> Allergic/Immunologic <input checked="" type="checkbox"/> Psychiatric <input checked="" type="checkbox"/> All Others Negative							

FIG. 3G

to 3H

to 3H

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PFSH - Past/Family/Social History

# of Elements Required	Element
Any 1	<input checked="" type="checkbox"/> Past History
	<input checked="" type="checkbox"/> Family History
	<input checked="" type="checkbox"/> Social History

Objective

Physical Exam



Select the type of examination first. A new window will open displaying the checklist for the selected exam type. When you have finished the checklist, you will be returned to this window to complete the documentation requirements step.

● Multi-system Exam

Single Organ System (complete):

- Cardiovascular
- Eyes
- GU (female)
- GU (male)
- Hemo/Lymph
- MS
- Neuro
- Psych
- Resp
- Skin

Show Exam Checklist

Assessment

Assessment



to 31

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to 31

FIG. 3H

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Add diagnosis code(s) using the button provided. You may also add notes in this field.

Add diagnosis code(s)

323

P

325

Medical Decision Making



The highest level of risk in any one category determines the overall complexity of the Medical Decision Making component. The risk associated with the selected level of E/M service must meet or exceed that of at least one of the following three sets of examples:

Data Review / D Dx

- Limited medical records review regarding self-limited chronic problem was performed.

Severity / Urgency / Potential Complications

- The patient has been counseled regarding the low probability of complications and the need to follow instructions on an elective basis.

Management Options

Rx Plan

- Over-the-counter drugs/minimal risk drugs
- P.T. (rest, exercise, stress management)
- O.T.
- IV fluids w/o additives
- Minor surgery with no identified risk factors
- Referrals: can not require detailed discussion/detailed care plan

Dx Procedures

- Non-Invasive diagnosis test

Peripheral Ultrasound

- Carotid duplex
- U.E. Duplex
- L.E. Duplex
- Abdo - AO Duplex
- Renal Artery duplex
- Venous duplex

Echocardiography

- TTE - noncongenital
- TTE - congenital
- TEE - noncongenital
- TEE - congenital

EKG

CXR

- Physiological test not under stress

L.E. pressures

U.E. segmental pressures

ABI

VRP

to 3J

to 3J

FIG. 31

- Holter monitor
- Loop monitor
- Event monitor
- ABG
- Lab Test
 - UA
 - Venipuncture
 - AMA-approved panels
 - Specialty panels
 - Prevention Heart Labs, Inc.
 - GGE
 - NMR
 - Thrombocare
 - Individual test
 - Skin biopsy
 - Superficial needle biopsy
 - Non CV Imaging studies w/o IV contrast
 - UGI
 - BAE
 - Long GI follow through

Documentation Based on Time



If counseling and/or coordination of care dominates (>50%) the encounter, time may be used to determine the level of service. Documentation may include: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider

Typical time (minutes) for this level: 30

[Cancel](#)

[<< Prev](#)

[Next >>](#)

FIG. 3J

16/45

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout		Members >> E&M >> Encounter Summary							
Encounter data summary									
?									
<hr/>									
Save Encounter <input type="button" value="329"/>									
<hr/>									
<p>Patient name: Dilfer, Trent</p>									
<p>Date: 1/18/2001 11:59 PM</p>									
<p>Location of service: GEM Cardiac & Vascular</p>									
<p>Physician name: Ackerman, Howard R, M.D.</p>									
<p>Chief complaint: hangnail</p>									
<p>Service Code: NE3</p>									
<p>CPT Service Code: 99203</p>									
<p>Diagnosis Code(s):</p>									
<p>Status Code: S</p>									
<hr/>									
<input type="button" value="Cancel"/>					<input type="button" value="<< Prev"/>				

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FIG. 3K

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout		Encounter record has been updated. Members >> E&M >> Menu											
Current values:													
<table border="1"><tr><td>User</td></tr><tr><td>Patient</td></tr><tr><td>Encounter</td></tr><tr><td>Procedure</td></tr></table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
Select one of the following:													
<hr/> <ul style="list-style-type: none">⇒ Create New Encounter⇒ Edit Current Encounter⇒ Find Existing Encounter(s)⇒ Back to Main Menu <hr/>													
<input type="button" value="Cancel"/>					<input type="button" value="<< Prev"/>								

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout		Members >> Procedure >> Menu							
Current values:									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>		Select one of the following: <hr/> <ul style="list-style-type: none"> ➡ Order New Procedure(s) 332 ➡ Edit Current Procedure ➡ Find Existing Procedure(s) ➡ Back to Main Menu <hr/> <div style="display: flex; justify-content: space-around;"> <input type="button" value="Cancel"/> <input type="button" value="<< Prev"/> </div>							

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FIG. 3M

332
 Order New Procedure
 Enter procedure details
 Add to appointment or history

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout	Members >> Procedure >> Demographics								
Items marked in red are required									
<p>Patient name: <input type="text" value="Edison, Thomas Alva"/> <input type="button" value="Add"/></p> <p>Date and Time of Service: Month Day Year Time (dd) (yyyy) (hh:mm) <input type="button" value="Aug"/> <input type="button" value="20"/> <input type="button" value="2001"/> <input type="button" value="9:06"/> <input checked="" type="radio"/> AM <input checked="" type="radio"/> PM </p> <p>Location of Service: <input type="text" value="GEM Cardiac & Vascular"/> <input type="button" value="Add"/></p> <p>Attending physician name: <input type="text" value="Myers, Gene E. M.D."/> <input type="button" value="Add"/></p> <p>Referring physician name: <input type="text" value="select provider"/> <input type="button" value="Add"/></p> <p>Third-party supplier name: <input type="text" value="select provider"/> <input type="button" value="Add"/></p>									
<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/> <input type="button" value="Next >>"/>									

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FIG. 3N

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout		Members >> Procedure >> Menu							
Current values:									
<input type="button" value="User"/>									
<input type="button" value="Patient"/>									
<input type="button" value="Encounter"/>									
<input type="button" value="Procedure"/>									
Select one of the following:									
<input type="button" value="?"/>									
<input type="button" value="Non-Invasive Procedures"/> 336									
<input type="button" value="Invasive Procedures"/>									
<input type="button" value="Cancel"/>					<input type="button" value="<< Prev"/>				

FIG. 30

335

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout		Members >> Procedure >> Noninvasive >> Menu											
Current values:													
<table border="1"> <tr><td>User</td></tr> <tr><td>Patient</td></tr> <tr><td>Encounter</td></tr> <tr><td>Procedure</td></tr> </table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
<p>Select one of the following:</p> <hr/> <ul style="list-style-type: none"> ➡ Cardiac Ultrasound (Echocardiography) ➡ Peripheral Vascular Ultrasound 339 ➡ Pacemaker / AICD ➡ Nuclear Medicine ➡ Stress Testing ➡ ECG / SAEKG / Monitoring ➡ Chest X-Ray (CXR) ➡ Enhanced External Counterpulsation (EECP) <hr/> <p style="text-align: center;">Noninvasive menu</p>													
Cancel					<< Prev								

FIG. 3P

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout													
Current values:													
<table border="1"><tr><td>User</td></tr><tr><td>Patient</td></tr><tr><td>Encounter</td></tr><tr><td>Procedure</td></tr></table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
Members >> Procedure >> Noninvasive >> Echo >> Menu													
Select one of the following: ?													
<hr/> <ul style="list-style-type: none">➡ Transthoracic (TTE) — 342➡ Transesophageal (TEE)➡ Stress Echo➡ Ultrasonic Guidance <hr/>													
<input type="button" value="Cancel"/>					<input type="button" value="<< Prev"/>								

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FIG. 3Q

Transthoracic Echocardiogram
Transesophageal Echocardiogram
Stress Echocardiogram
Ultrasonic Guidance

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help																
Login/Logout		Members >> Procedure >> Noninvasive >> Echo >> Transthoracic (TTE)																							
Current values:																									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>		Select procedure(s) <input type="button" value="Show Packages"/> <input type="button" value="Create Package"/> <input type="button" value="Reset Form"/>																							
TTE (Non-congenital) <p>Transthoracic echocardiography (TTE), real-time 2D image documentation, with or without M-mode recording</p> <table> <tr> <td><input checked="" type="checkbox"/> COMPLETE study</td> <td>346</td> <td>93307</td> </tr> <tr> <td><input type="checkbox"/> followup or limited study</td> <td></td> <td>93308</td> </tr> </table> TTE (Congenital) <p>Transthoracic echocardiography (TTE), for congenital cardiac anomalies, real-time 2D image documentation, with or without M-mode recording</p> <table> <tr> <td><input checked="" type="checkbox"/> COMPLETE study</td> <td>93303</td> </tr> <tr> <td><input type="checkbox"/> followup or limited study</td> <td>93304</td> </tr> </table> Doppler Echocardiography <p>Doppler echocardiography, pulsed wave and/or continuous wave with spectral display</p> <table> <tr> <td><input checked="" type="checkbox"/> COMPLETE study</td> <td>93320</td> </tr> <tr> <td><input type="checkbox"/> Limited study</td> <td>93321</td> </tr> <tr> <td><input type="checkbox"/> Add color flow velocity mapping</td> <td>93325</td> </tr> </table>										<input checked="" type="checkbox"/> COMPLETE study	346	93307	<input type="checkbox"/> followup or limited study		93308	<input checked="" type="checkbox"/> COMPLETE study	93303	<input type="checkbox"/> followup or limited study	93304	<input checked="" type="checkbox"/> COMPLETE study	93320	<input type="checkbox"/> Limited study	93321	<input type="checkbox"/> Add color flow velocity mapping	93325
<input checked="" type="checkbox"/> COMPLETE study	346	93307																							
<input type="checkbox"/> followup or limited study		93308																							
<input checked="" type="checkbox"/> COMPLETE study	93303																								
<input type="checkbox"/> followup or limited study	93304																								
<input checked="" type="checkbox"/> COMPLETE study	93320																								
<input type="checkbox"/> Limited study	93321																								
<input type="checkbox"/> Add color flow velocity mapping	93325																								
<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/> <input type="button" value="Next >>"/>																									

FIG. 3R

345

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help

Login/Logout

Current values:

User
Patient
Encounter
Procedure

Members >> Procedure >> Order Package

Select a package

Show Codes Reset Form

Complete 2D Only Delete

• TTE - Complete 93207

Complete 2D w/ Color Flow Delete

• TTE - Complete 93307
Doppler Echo - Complete 93320
Doppler Echo - w/color flow 93325

Complete 2D w/o Color Flow Delete

• TTE - Complete 93307
Doppler Echo - Complete 93320

Followup/Limited 2D Only Delete

• TTE - Followup/limited study 93306

Followup/Limited 2D w/o Color Flow Delete

• TTE - Followup/limited study 93308
Doppler Echo - followup/limited 93321

Cancel << Prev Next >>

349 350

FIG. 3S

348

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout		Members >> Procedure >> Diagnosis Groups											
Current values:													
<table border="1"> <tr><td>User</td></tr> <tr><td>Patient</td></tr> <tr><td>Encounter</td></tr> <tr><td>Procedure</td></tr> </table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
<p style="margin-left: 20px;">Select diagnosis group:</p> <div style="text-align: right; margin-top: -10px;"> ? </div>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Show All Groups</td> <td style="padding: 2px 10px;">Show Medicare Groups</td> <td style="padding: 2px 10px;">Expand All</td> <td style="padding: 2px 10px;">Collapse</td> </tr> </table>										Show All Groups	Show Medicare Groups	Expand All	Collapse
Show All Groups	Show Medicare Groups	Expand All	Collapse										
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px;"></td> <td style="width: 10px; text-align: center; vertical-align: top;"> <input type="checkbox"/> CHF <input type="checkbox"/> Symptoms & Signs <input type="checkbox"/> Coronary Artery Disease (CAD) <input type="checkbox"/> Hypertension / Hypotension <input type="checkbox"/> Pericardial Disease <input type="checkbox"/> Myocarditis <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Peripheral Artery / Vein / Lymphatic Disease <input type="checkbox"/> Myocardial Infarction (Acute/Remote) <input type="checkbox"/> Card. and Vasc. Surg.: Complications/Followup <input type="checkbox"/> Pulmonary Circulatory Disorders <input type="checkbox"/> Endocarditis <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Transplant Heart and/or Valve <input type="checkbox"/> Abnormal EKG <input type="checkbox"/> Procedure Induced Cardiac & Vascular Complications <input type="checkbox"/> Tumors of Heart / Great Vessels <input type="checkbox"/> Poisoning by Drugs, Medicinal, and Biological Substances (overdose / wrong substance given) <input type="checkbox"/> Trauma of Heart <input type="checkbox"/> Endocrinology <input type="checkbox"/> Followup </td> </tr> </table>											<input type="checkbox"/> CHF <input type="checkbox"/> Symptoms & Signs <input type="checkbox"/> Coronary Artery Disease (CAD) <input type="checkbox"/> Hypertension / Hypotension <input type="checkbox"/> Pericardial Disease <input type="checkbox"/> Myocarditis <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Peripheral Artery / Vein / Lymphatic Disease <input type="checkbox"/> Myocardial Infarction (Acute/Remote) <input type="checkbox"/> Card. and Vasc. Surg.: Complications/Followup <input type="checkbox"/> Pulmonary Circulatory Disorders <input type="checkbox"/> Endocarditis <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Transplant Heart and/or Valve <input type="checkbox"/> Abnormal EKG <input type="checkbox"/> Procedure Induced Cardiac & Vascular Complications <input type="checkbox"/> Tumors of Heart / Great Vessels <input type="checkbox"/> Poisoning by Drugs, Medicinal, and Biological Substances (overdose / wrong substance given) <input type="checkbox"/> Trauma of Heart <input type="checkbox"/> Endocrinology <input type="checkbox"/> Followup		
	<input type="checkbox"/> CHF <input type="checkbox"/> Symptoms & Signs <input type="checkbox"/> Coronary Artery Disease (CAD) <input type="checkbox"/> Hypertension / Hypotension <input type="checkbox"/> Pericardial Disease <input type="checkbox"/> Myocarditis <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Peripheral Artery / Vein / Lymphatic Disease <input type="checkbox"/> Myocardial Infarction (Acute/Remote) <input type="checkbox"/> Card. and Vasc. Surg.: Complications/Followup <input type="checkbox"/> Pulmonary Circulatory Disorders <input type="checkbox"/> Endocarditis <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Transplant Heart and/or Valve <input type="checkbox"/> Abnormal EKG <input type="checkbox"/> Procedure Induced Cardiac & Vascular Complications <input type="checkbox"/> Tumors of Heart / Great Vessels <input type="checkbox"/> Poisoning by Drugs, Medicinal, and Biological Substances (overdose / wrong substance given) <input type="checkbox"/> Trauma of Heart <input type="checkbox"/> Endocrinology <input type="checkbox"/> Followup												
Cancel << Prev													

352

FIG. 3T

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout		Members >> Procedure >> Diagnosis Groups											
Current values:													
<table border="1"> <tr><td>User</td></tr> <tr><td>Patient</td></tr> <tr><td>Encounter</td></tr> <tr><td>Procedure</td></tr> </table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
Select diagnosis group: <input type="button" value="Show All Groups"/> <input type="button" value="Show Medicare Groups"/> <input type="button" value="Expand All"/> <input type="button" value="Collapse"/>													
<p><input type="checkbox"/> Pericardial Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pericardial Signs & Sx <input type="checkbox"/> Acute Pericarditis & Effusion <input type="checkbox"/> Infective <ul style="list-style-type: none"> <input type="checkbox"/> Viral <input type="checkbox"/> Bacterial <input type="checkbox"/> Parasitic <input type="checkbox"/> Fungal <input type="checkbox"/> Rickettsial <input type="checkbox"/> Non-Infective <ul style="list-style-type: none"> <input type="checkbox"/> Idiopathic <input type="checkbox"/> Drug Induced <input type="checkbox"/> Systemic diseases <input type="checkbox"/> Collagen diseases <input type="checkbox"/> Chronic pericardial disease <input type="checkbox"/> Pus, blood, and air in pericardium <input type="checkbox"/> Cysts, diverticulae, fistulas/foramen, congenital disease <input type="checkbox"/> Trauma <ul style="list-style-type: none"> <input type="checkbox"/> Blunt trauma <input type="checkbox"/> Penetrating trauma <input type="checkbox"/> Procedure-related 													
<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/>													

356

355

FIG. 3U

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help																																																																																															
Login/Logout		Members >> Procedure >> Diagnosis Codes																																																																																																						
Current values:																																																																																																								
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>		Select diagnosis code(s) ?																																																																																																						
		<input type="button" value="Show All Codes"/> <input type="button" value="Show Medicare Codes"/> <input type="button" value="Reset Form"/>																																																																																																						
Bacterial ?																																																																																																								
<table border="0"> <tbody> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>septic</td> <td>420.99</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>rheumatic</td> <td>391.0</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>genococcal</td> <td>098.63</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>meningococcal</td> <td>038.41</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>syphilitic</td> <td>093.81</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>tularemia</td> <td>420.0, 021.9</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>pneumococcal</td> <td>420.99</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>staphylococcal</td> <td>420.99</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>streptococcal</td> <td>420.99</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>hemophylus influenzae</td> <td>420.0, 041.5</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>psittacosis</td> <td>420.0, 073.7</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>salmonella</td> <td>420.0, 003.84</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>TBC</td> <td>420.0, 017.9</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>leptospiral</td> <td>420.0, 100.9</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>pseudomonas</td> <td>420.0, 041.7</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>klebsiella</td> <td>420.0, 482.0</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>E.Coli</td> <td>420.0, 041.4</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>purulent</td> <td>420.99</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>suppurative</td> <td>420.99</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>										<input checked="" type="radio"/>	<input checked="" type="radio"/>	septic	420.99	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	rheumatic	391.0	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	genococcal	098.63	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	meningococcal	038.41	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	syphilitic	093.81	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	tularemia	420.0, 021.9	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	pneumococcal	420.99	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	staphylococcal	420.99	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	streptococcal	420.99	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	hemophylus influenzae	420.0, 041.5	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	psittacosis	420.0, 073.7	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	salmonella	420.0, 003.84	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	TBC	420.0, 017.9	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	leptospiral	420.0, 100.9	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	pseudomonas	420.0, 041.7	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	klebsiella	420.0, 482.0	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	E.Coli	420.0, 041.4	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	purulent	420.99	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	suppurative	420.99	<input type="checkbox"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	septic	420.99	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	rheumatic	391.0	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	genococcal	098.63	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	meningococcal	038.41	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	syphilitic	093.81	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	tularemia	420.0, 021.9	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	pneumococcal	420.99	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	staphylococcal	420.99	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	streptococcal	420.99	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	hemophylus influenzae	420.0, 041.5	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	psittacosis	420.0, 073.7	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	salmonella	420.0, 003.84	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	TBC	420.0, 017.9	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	leptospiral	420.0, 100.9	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	pseudomonas	420.0, 041.7	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	klebsiella	420.0, 482.0	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	E.Coli	420.0, 041.4	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	purulent	420.99	<input type="checkbox"/>																																																																																																				
<input checked="" type="radio"/>	<input checked="" type="radio"/>	suppurative	420.99	<input type="checkbox"/>																																																																																																				
<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/> <input type="button" value="Next >>"/>																																																																																																								

FIG. 3V

360

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Diagnosis details:

Acute hemophylus influenza pericarditis

366

pericardial effusion

pericarditis and pericardial effusion

Cancel

OK

365

FIG. 3W

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout		ABN required: Procedure 93350 not supported by diagnosis 420.99 Members >> Procedure >> Indications											
Current values:													
<table border="1"><tr><td>User</td></tr><tr><td>Patient</td></tr><tr><td>Encounter</td></tr><tr><td>Procedure</td></tr></table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
Select indications(s)													
Indications for Stress Echocardiography													
<input type="checkbox"/> The patient has symptoms which require further investigation via stress testing and pat													
<input type="checkbox"/> The patient has <input checked="" type="radio"/> an abnormal standard exercise test and stress echocardiograph <input checked="" type="radio"/> a non-diagnostic													
<input type="checkbox"/> The patient has symptoms which require further investigation via stress testing and pat													
<input type="checkbox"/> The patient has <input checked="" type="radio"/> a cardiac condition which would interfere with interpretation of <input checked="" type="radio"/> mitral valve prolapse <input checked="" type="radio"/> anatomical abnormality													
<input type="checkbox"/> The patient has confirmed <input checked="" type="radio"/> CAD and stress echocardiography is necessary to evalu <input checked="" type="radio"/> CHF													
<input type="button" value="Cancel"/>													

371

370

FIG. 3X

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout									
Current values:									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>									
Members >> Procedure >> ABN An ABN is REQUIRED for this procedure <input style="float: right;" type="button" value="?"/> <hr/> <input style="float: right;" type="button" value="Print ABN Form"/> <hr/>									
Patient name: Edison, Thomas Alva Date: 8/20/2001 9:05 Location of service: GEM Cardiac & Vascular Physician name: Myers, Gene E, M.D. Referring physician: Procedure(s) ordered: 93350 TTE - Stress echo Diagnosis Code(s): 420.99 acute staphylococcal pericarditis Indication(s):									
<hr/> <input type="button" value="Cancel"/> <input type="button" value="<< Prev"/> <input type="button" value="Next >>"/> <hr/>									

373

374

FIG. 3Y

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout		Members >> Procedure >> Order Summary							
Current values:		Procedure order(s) summary							
User Patient Encounter Procedure		<input style="width: 150px; height: 20px; margin-right: 10px;" type="button" value="Save this order"/> + 377							
Patient name: Edison, Thomas Alva Date: 8/20/2001 9:05 Location of service: GEM Cardiac & Vascular Physician name: Myers, Gene E, M.D. Referring physician: Procedure(s) ordered: 93350 TTE - Stress echo Diagnosis Code(s): 420.99 acute staphylococcal pericarditis Indication(s):									
<hr/> <div style="text-align: center;"> Cancel << Prev </div> <hr/>									

FIG. 3Z

376

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout									
Current values:									
<input type="button" value="User"/>									
<input type="button" value="Patient"/>									
<input type="button" value="Encounter"/>									
<input type="button" value="Procedure"/>									
Procedure order has been saved Members >> Procedure >> Menu									
Select one of the following: <input style="float: right;" type="button" value="?"/>									
<hr/> <ul style="list-style-type: none">➡ Order New Procedure(s) — 379➡ Edit Current Procedure➡ Find Existing Procedure(s)➡ Back to Main Menu — 380 <hr/>									
<input type="button" value="Cancel"/>					<input type="button" value="<< Prev"/>				

378

FIG. 3AA

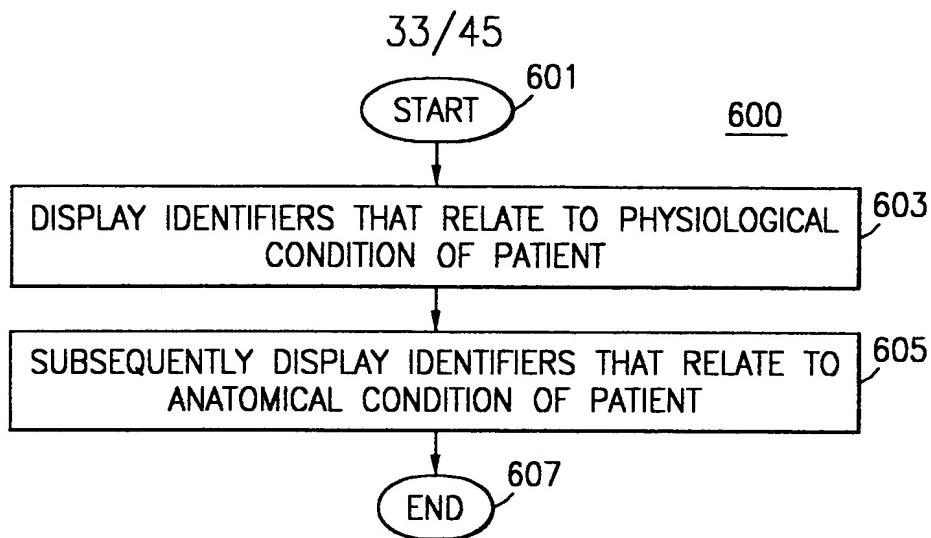
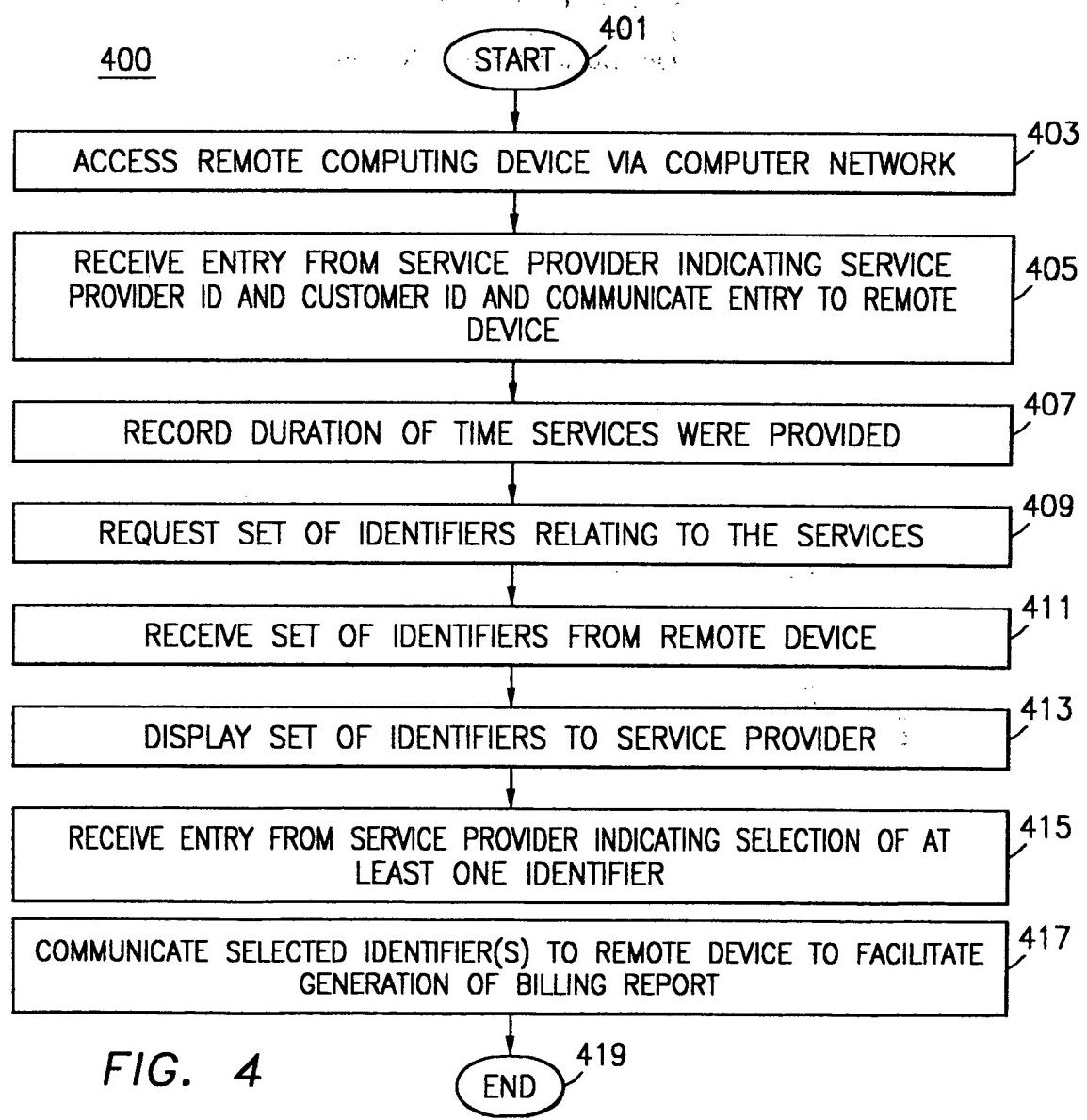


FIG. 6



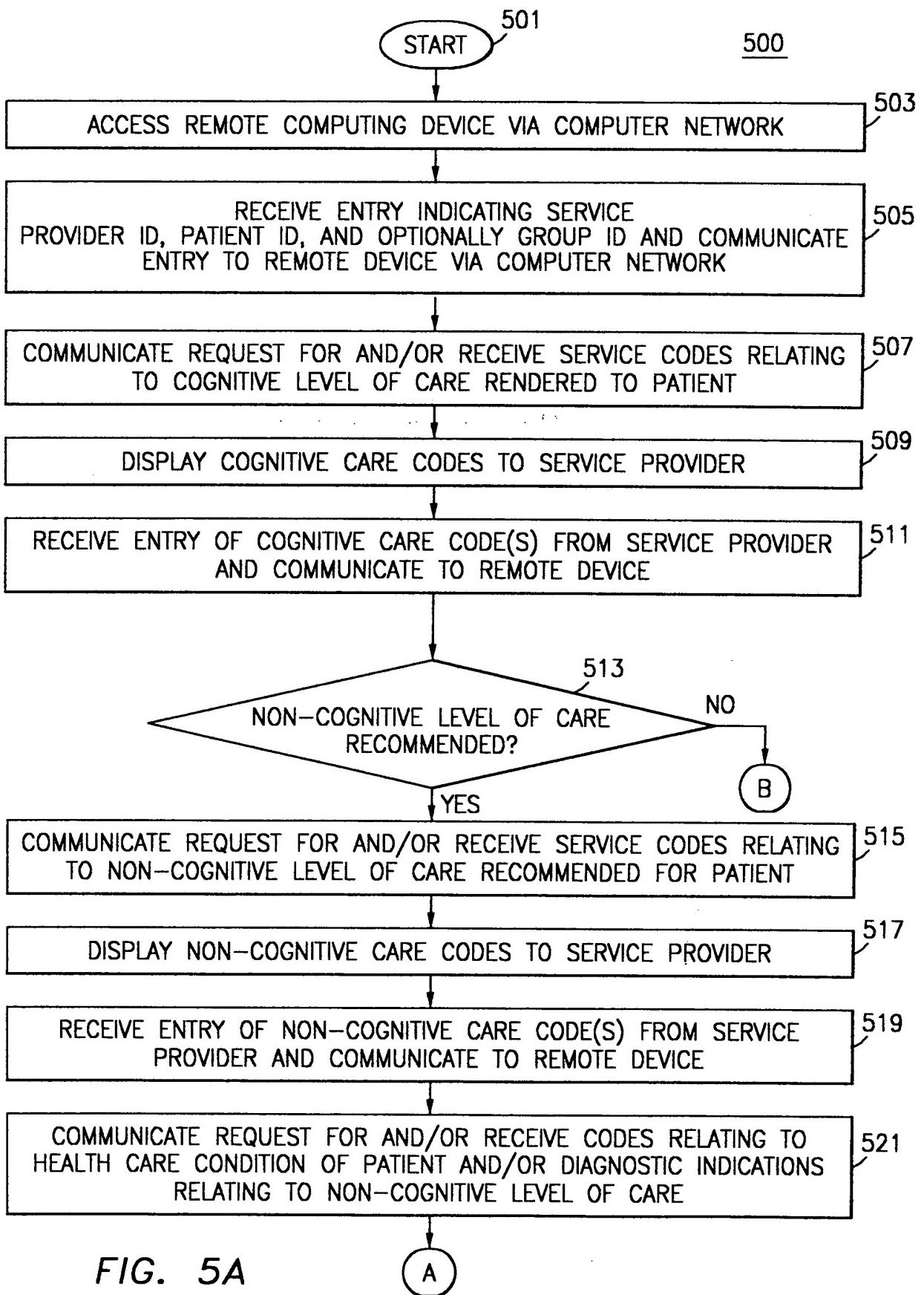
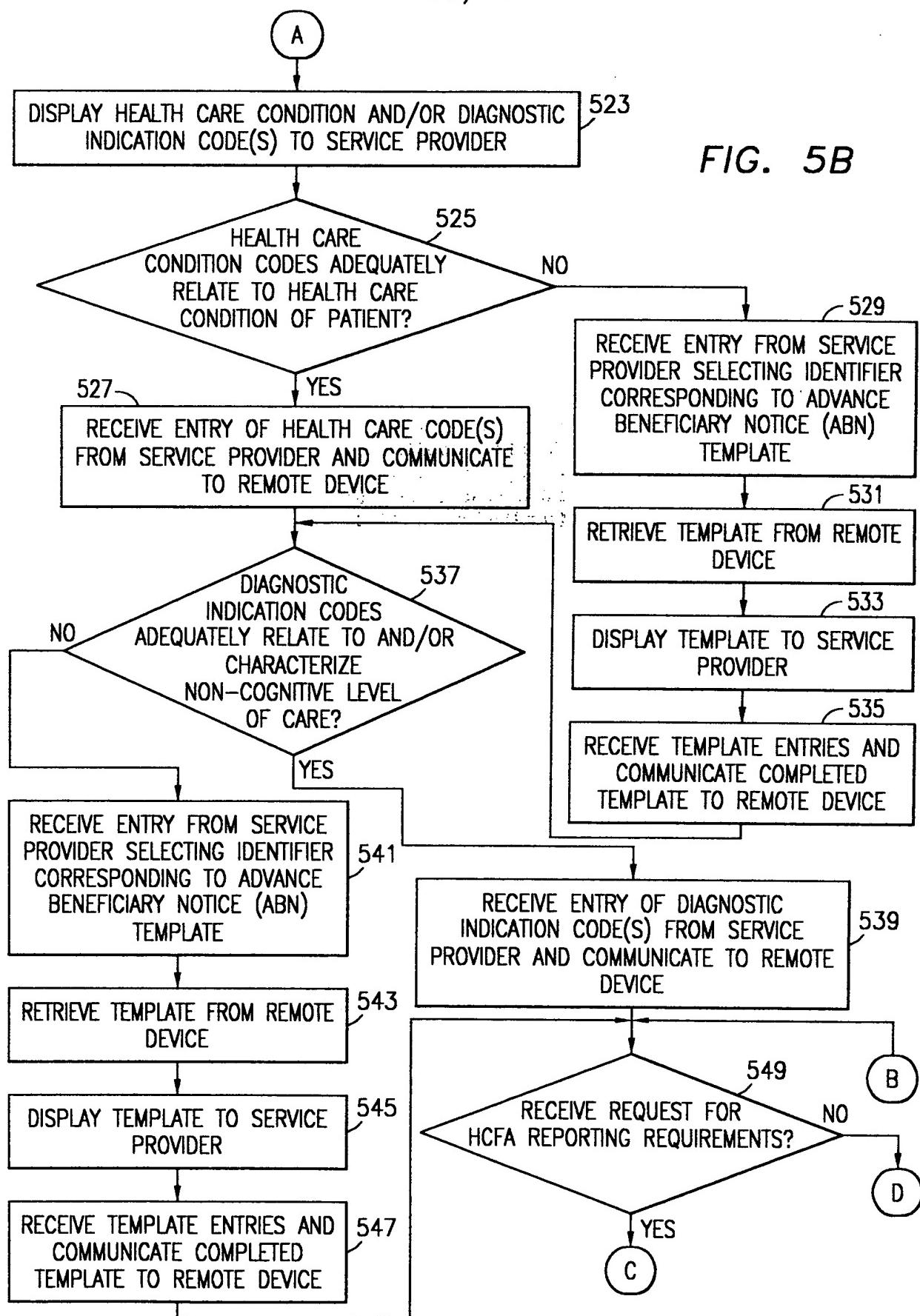


FIG. 5A



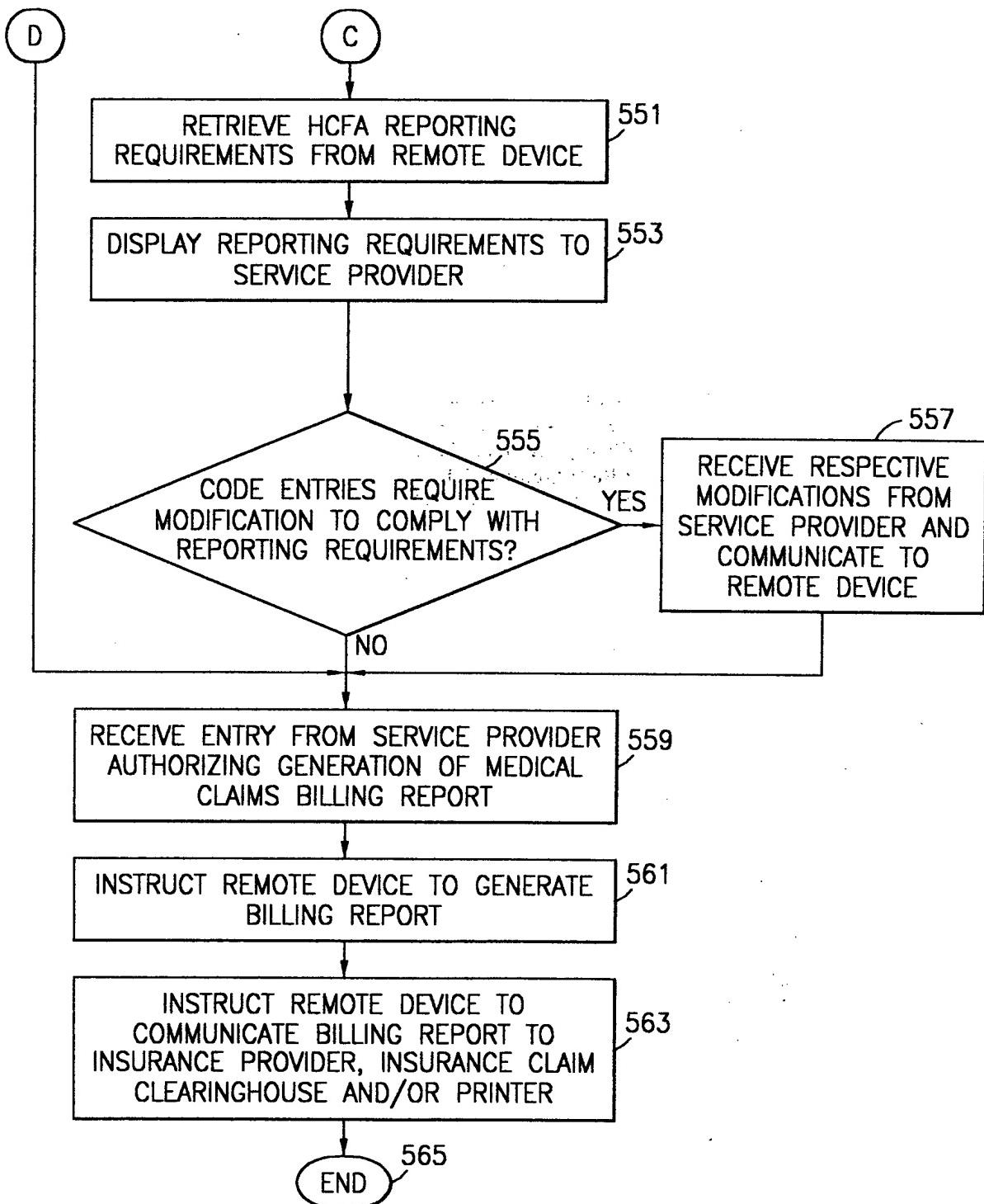


FIG. 5C

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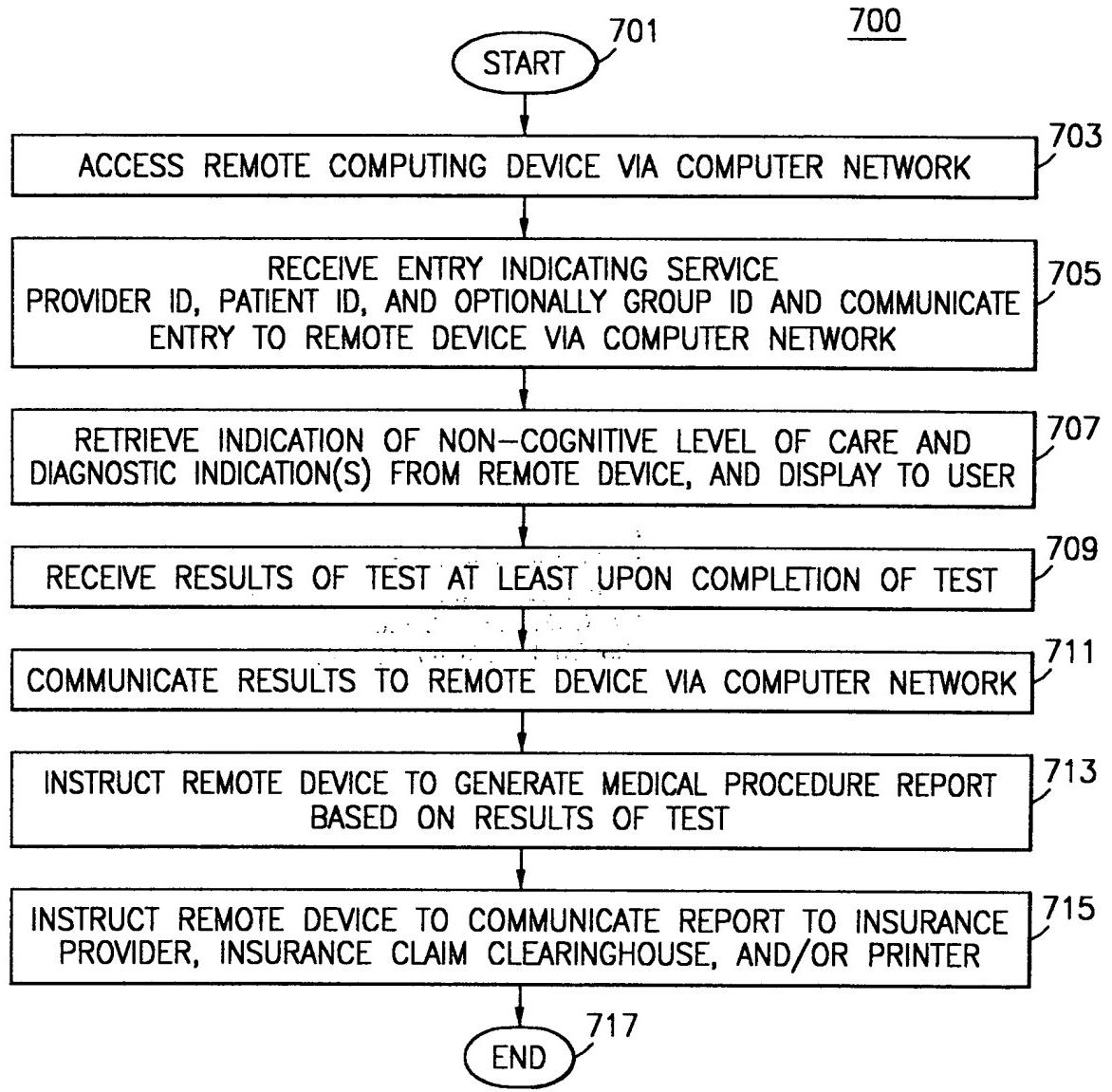


FIG. 7

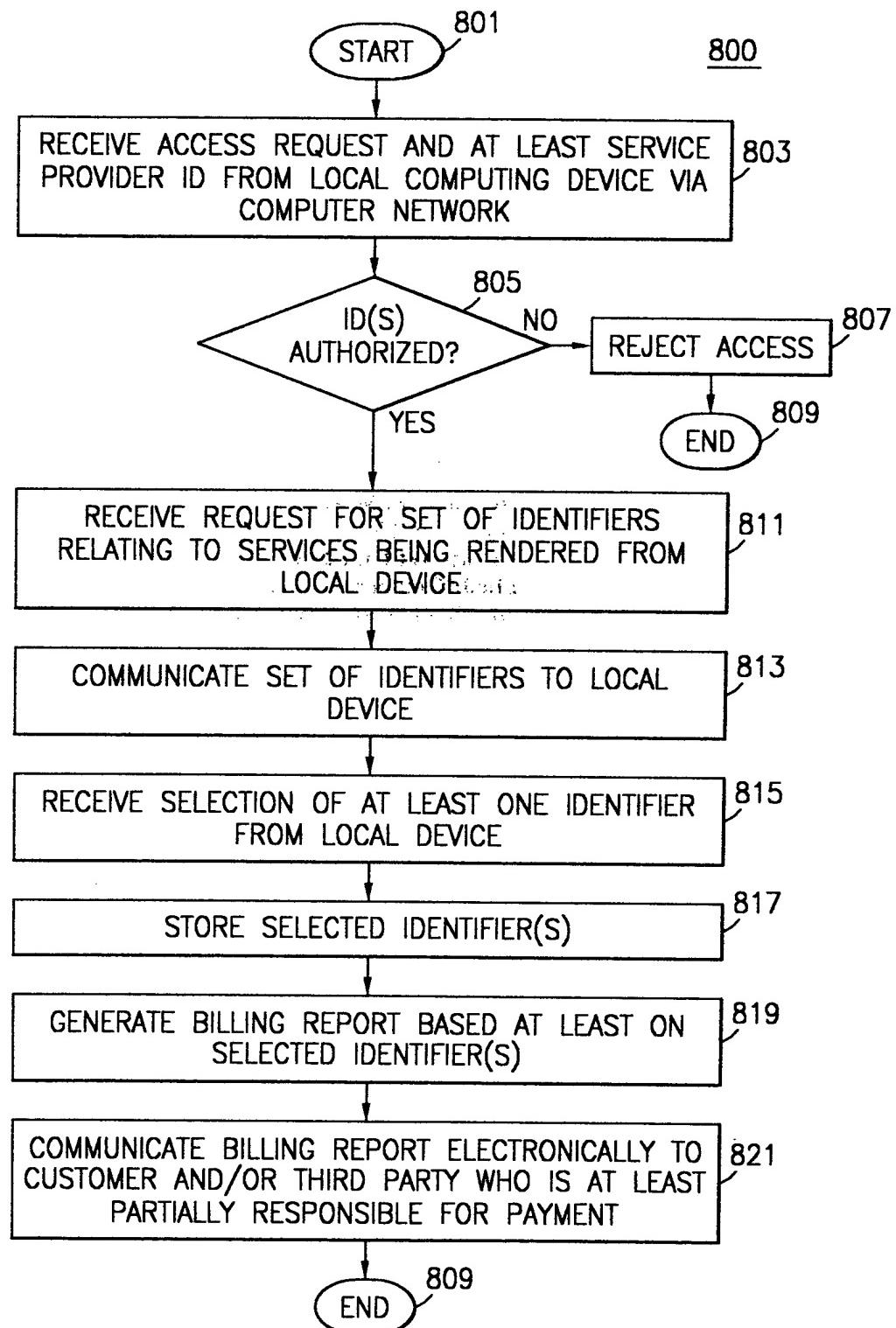


FIG. 8

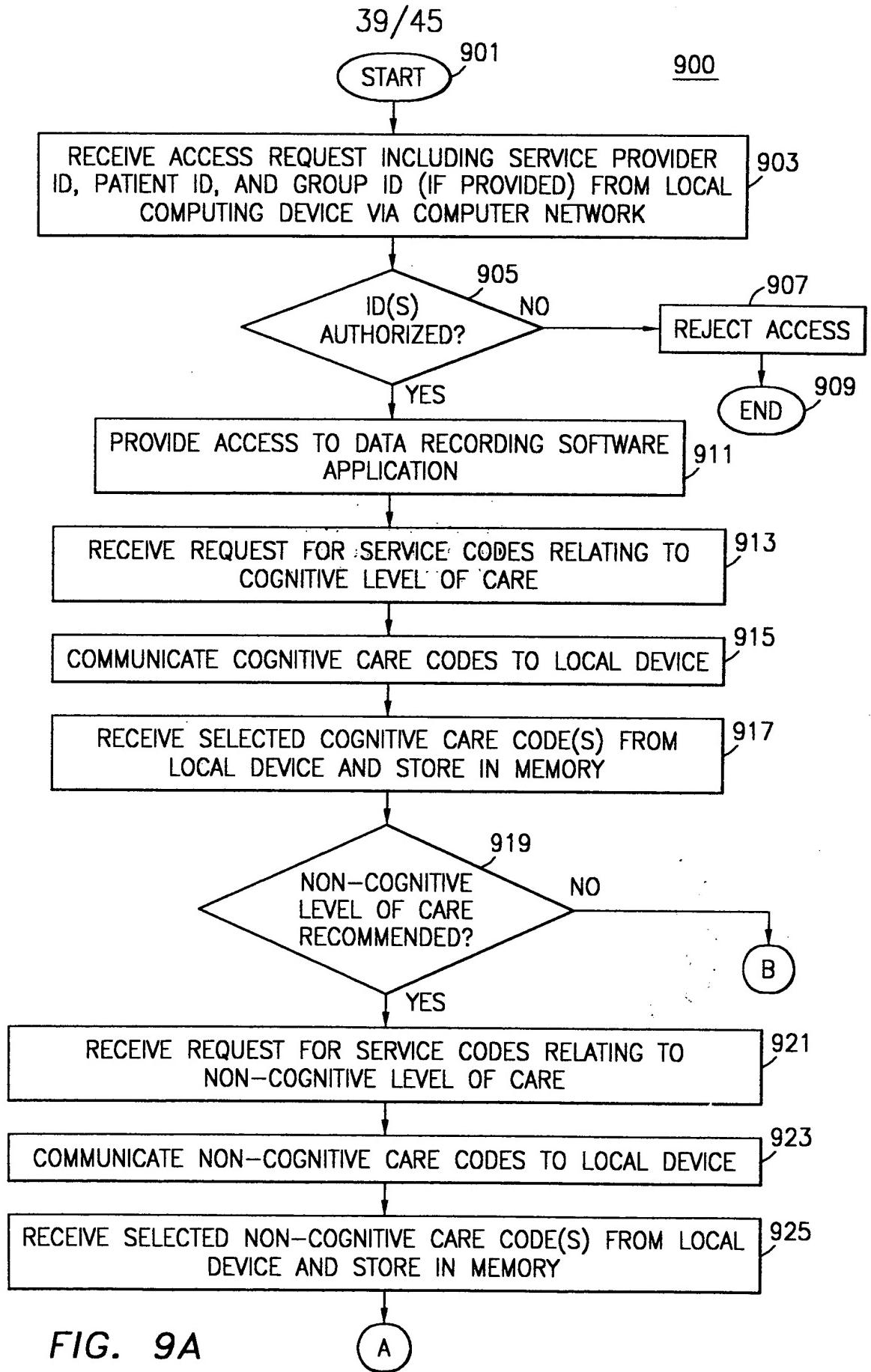


FIG. 9A

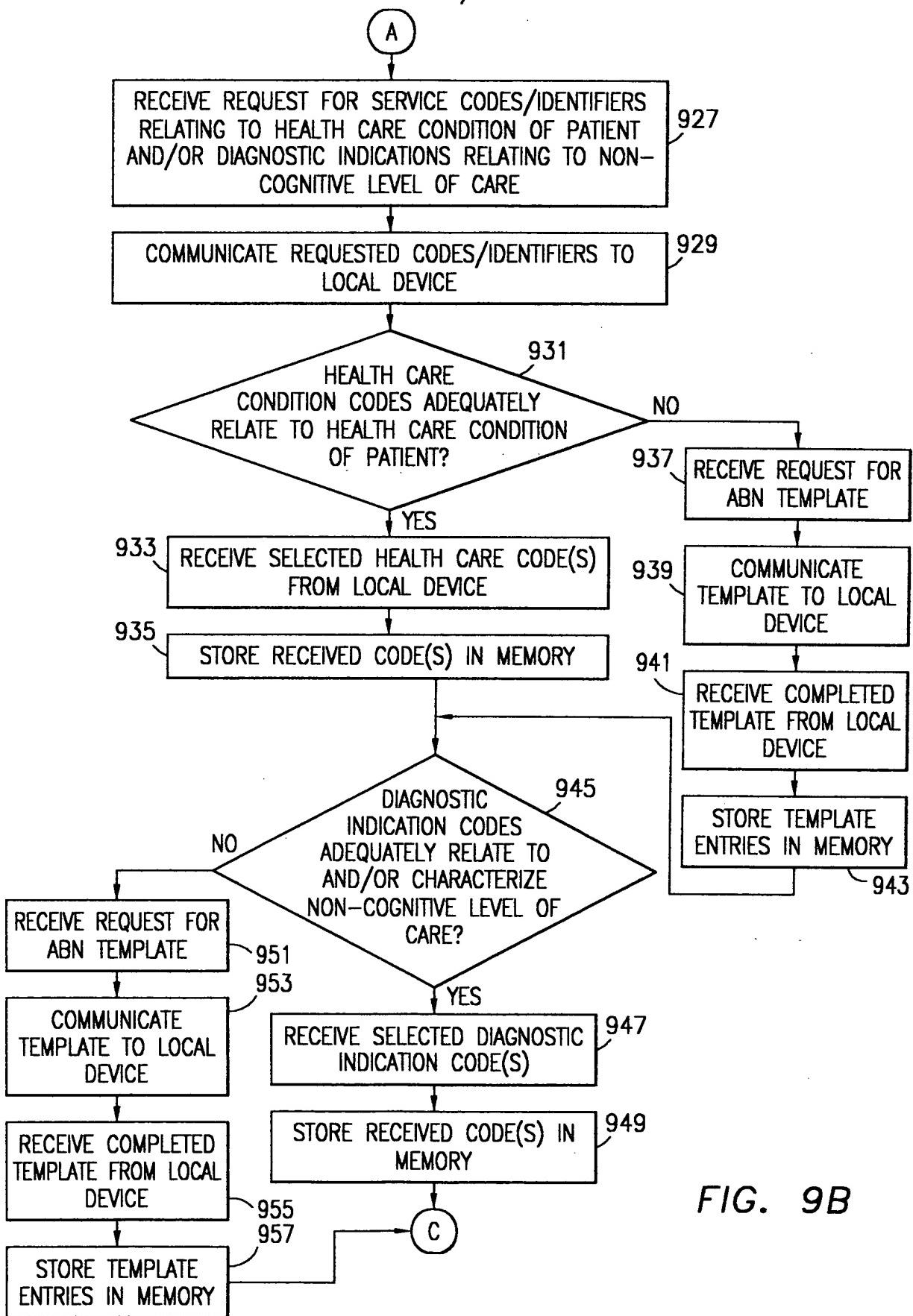
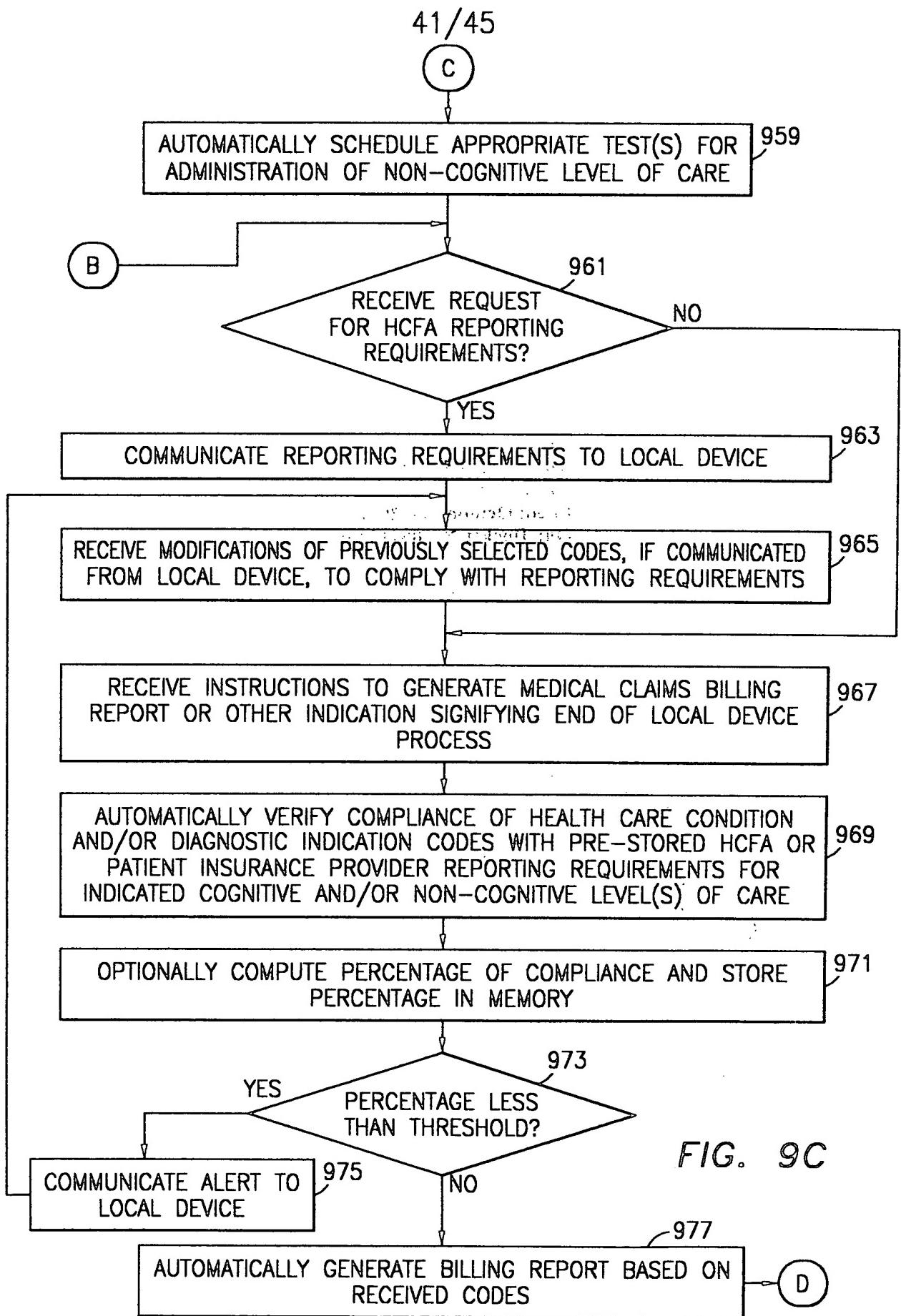


FIG. 9B



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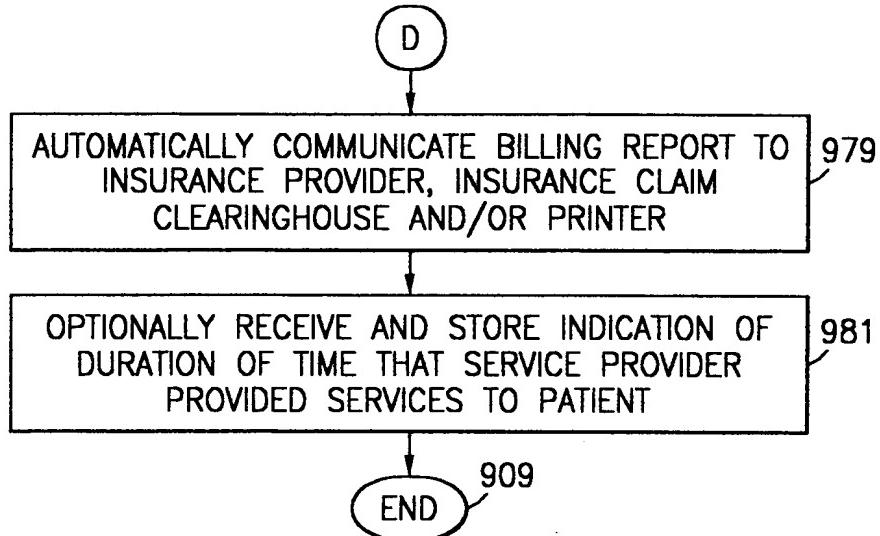


FIG. 9D

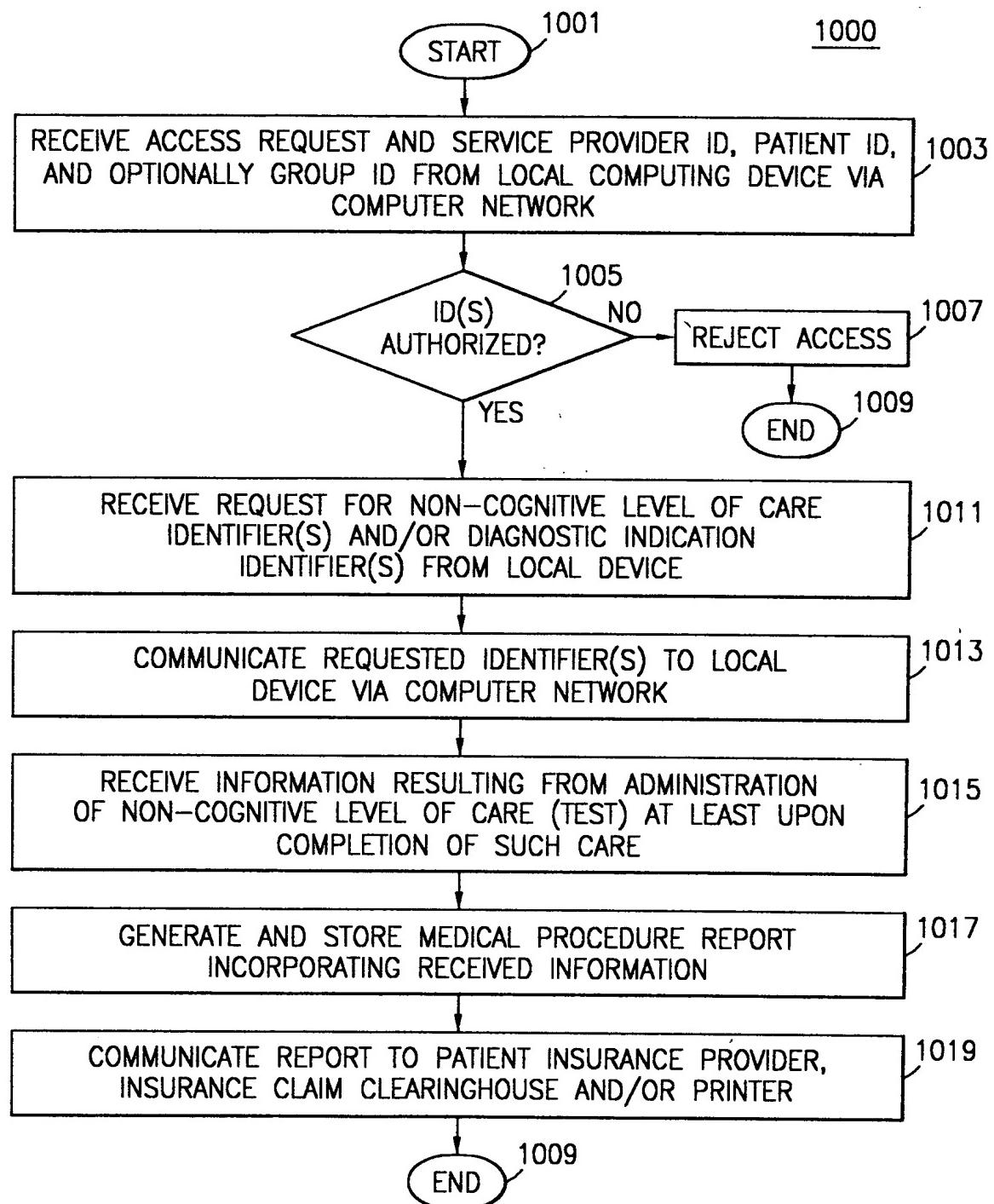


FIG. 10

1104

1114
110744/45
ARTERIAL SYSTEM

1100

RIGHT

LEFT

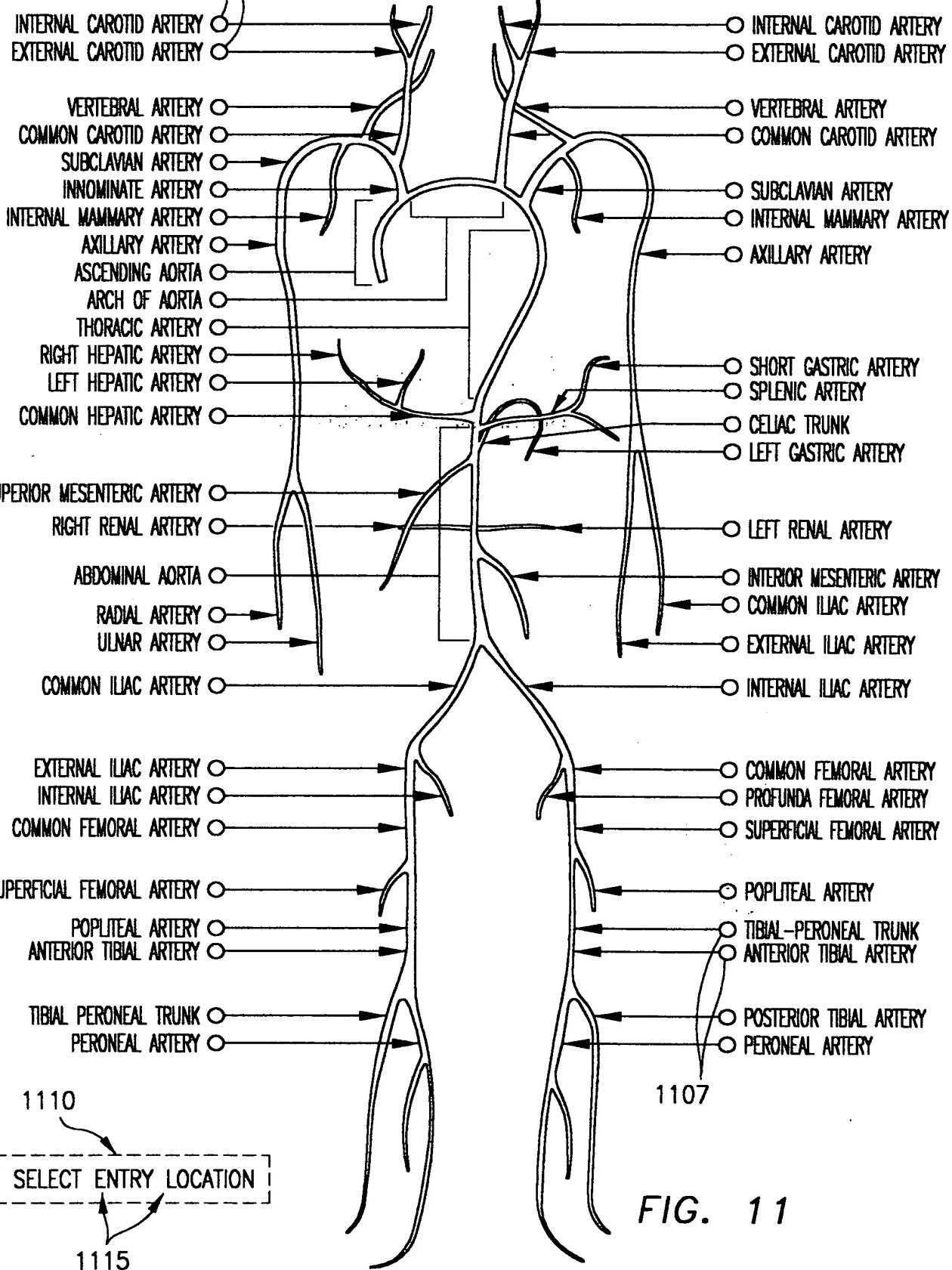


FIG. 11

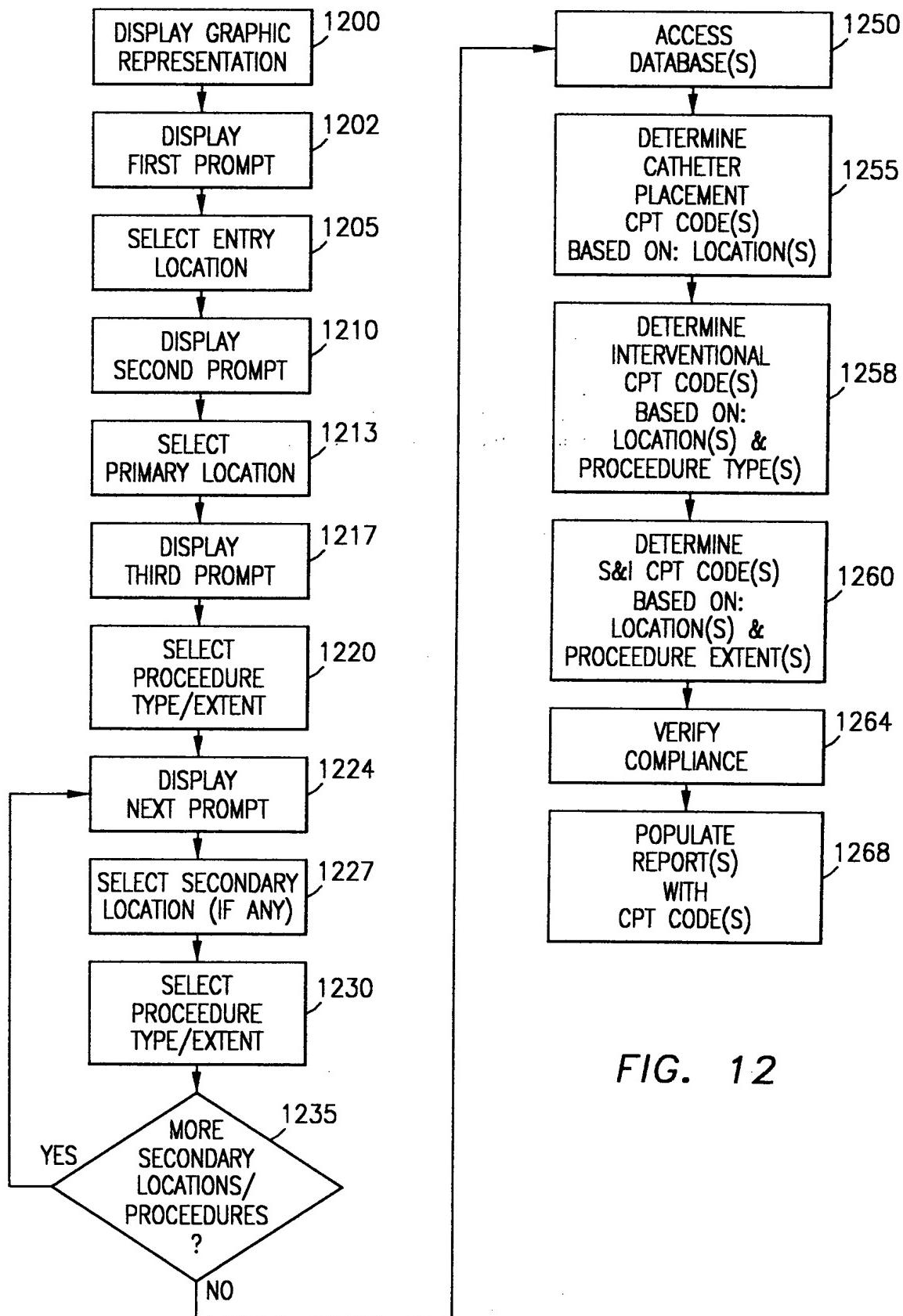


FIG. 12